

Gardner (W.S.)

OBSTETRIC RECORDS.

BY

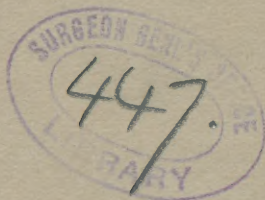
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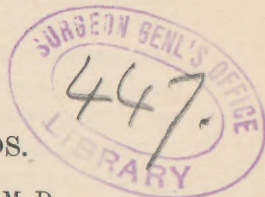
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## OBSTETRIC RECORDS.

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Few truer statements have been made than that "the true value of a scientific observation bears no direct relation to its apparent present value." It is an oft-repeated complaint that not enough recording is done by Americans for Americans; that we are obliged continually to draw upon the accumulated statistical wealth of the painstaking German for our facts. There is no branch in medicine or surgery in which this is truer than in obstetrics, and there is no branch in which there is less occasion for it to be true. While statistics can be kept up to better advantage in a hospital than in private practice, it still remains that a case of labor is about the same thing whether it occurs in Germany or in America, in a hospital or in a private house. Statistics, conscientiously kept, are of positive value, however little known is the place and however humble the recorder. The fact is the only permanent thing, and he who discovers a new fact or assists to emphasize an old one has done something of positive value.

It is quite necessary that special obstetrical statistics should be kept in this country, for, with our population of mixed races, we are not in a position to compare our own



people with the people of older countries, whose populations have been continued in certain strains for such long periods that their types of people are relatively fixed. I have little doubt that we shall find, when we have accumulated sufficient statistics from which to make definite deductions, considerable variations from the present standards of average pelvic measurements and foetal head diameters and other points of interest.

For the last seventeen years the records at the Maternité have been kept with more or less accuracy. But for a great portion of that time the points noted were very incomplete. About three years ago I revised the method of keeping them, and included all the points that are given below. Since then they have been very carefully kept by competent observers and accurate recorders, and we already have several hundred cases in permanent record books. The object of this paper is to note the points which we are keeping records of, with the hope that others who have similar opportunities may be encouraged to utilize them. Although these points were grouped for hospital use, there is no reason why they could not be used in private practice, and, since only a comparatively few cases of labor occur in hospitals, the statistics from private practice would include not only a much larger class of patients, but those from grades of society that can not be found in hospitals. This class difference is of importance especially on account of the difference in the powers of endurance of the upper and lower classes and the difference in their susceptibility to shock. In this country, as in all others, class difference is sufficiently great to make wide differences in treatment necessary under conditions that to him who sees only figures are the same.

At the Maternité the records are kept on blanks printed upon card-boards, and are transferred from these to perma-

nent book forms. In private practice the cards are all that would be necessary, and any printer can get them up for a very small amount. For convenience in referring to the cases, it is best to keep them numbered from one up consecutively. After this are recorded the name, age, nativity, and married or single; the date of the last menstruation; the brief history of previous confinements; external pelvic measurements; the condition of the soft parts, especially the perinæum; and an analysis of the urine. These points include what I have considered it essential to know before labor.

During the progress of the labor, note is made of the following points: The date on which labor began, with the hour and minute as accurately as it can be determined; the length of the first stage (to the full dilatation of the os); lengths of the second and third stages; time and manner of the rupture of the membranes; maternal pulse during and between pains; drugs used, quantity and when; operations performed (this includes manual expression, version, forceps, craniotomy, Cæsarean section, or any artificial method of facilitating delivery); the method of delivery of the placenta, its weight, greatest diameter, length, breadth, and thickness; time of tying the cord, its length, point of insertion into the placenta, its spiral, knots and varicosities. These points are recorded during the progress of the labor, or as soon thereafter as the observations can be made, and are not written out from memory after the event. The objection may be raised against some of these points that they are of no apparent practical value. I would remind such objectors that we as yet know comparatively little of the physiology of pregnancy and labor, and any fact, however trifling it may appear to be, may be the key to some process at present unrecognized.

After labor, the condition of the perinæum and cervix

is again noted; the temperature and pulse are taken morning and evening; the analysis of urine passed the first and eighth days after labor; the date of the milk-flow, with special records of the pulse and temperature for that date and for the period just twenty-four hours before. A considerable blank space is left for notes of any unusual occurrence during the puerperal period.

A separate blank is kept for the child, upon which are noted the position *in utero*, and rate of foetal heart-beat before the completion of labor. After labor are noted the sex, caput succedaneum, respiration, circulation, temperature, weight at birth and on the sixth day, and method of feeding. The measurements made immediately after labor are all repeated on the fourth day, and include the length, and the occipito-frontal, occipito-mental, suboccipito-bregmatic, and biparietal diameters of the foetal head; the occipito-frontal and the suboccipito-bregmatic circumferences of the head, and the circumferences of the hips and shoulders.

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